

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
JAN 26 2010

Secretary of State  
Capitol Office  
DATE STAMP

Candidate's Name TERRY W. BROWN

Full Address 22 Hillside Dr. Col. Ms 39702

Telephone 662-386-6732 (Fax) \_\_\_\_\_

E-mail tbrown350@nobleone.net

Office Sought STATE SENATE Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                               | (itemized + non-itemized) | This Period | Calendar year-to-date |
|-------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions | 4750.00                   | \$ 4750.00  | \$ 4750.00            |
| Total amount of disbursements | 9741.89                   | \$ 9741.89  | \$ 9741.89            |
| Total amount of cash on hand  |                           | \$ 6358.11  |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

TERRY W. Brown

Page

1 of 3

Reporting period

Jan 1 2009 through Dec 31, 09

## ITEMIZED RECEIPTS

|  |  |                           |  |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | 11/3/09                   | \$500. <sup>00</sup>                     |
| Mailing Address  |  | 1/1/                      | \$                                       |
| City, State, Zip Code  |  | 1/1/                      | \$                                       |
| Name of Employer (Required)  |  | 1/1/                      | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$500. <sup>00</sup>                     |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | 10/12/09                  | \$500. <sup>00</sup>                     |
| Mailing Address  |  | 1/1/                      | \$                                       |
| City, State, Zip Code  |  | 1/1/                      | \$                                       |
| Name of Employer (Required)  |  | 1/1/                      | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$500. <sup>00</sup>                     |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | 12/4/09                   | \$500. <sup>00</sup>                     |
| Mailing Address  |  | 1/1/                      | \$                                       |
| City, State, Zip Code  |  | 1/1/                      | \$                                       |
| Name of Employer (Required)  |  | 1/1/                      | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$500. <sup>00</sup>                     |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name  |  | 11/15/09                  | \$500. <sup>00</sup>                     |
| Mailing Address  |  | 1/1/                      | \$                                       |
| City, State, Zip Code  |  | 1/1/                      | \$                                       |
| Name of Employer (Required)  |  | 1/1/                      | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$500. <sup>00</sup>                     |

Name of Candidate or Committee TERRY Brown  
Reporting period JAN 1-09 through Dec 31-09

# ITEMIZED RECEIPTS

|  |  |                           |  |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>AT&amp;T PAC</u>  |  | <u>9/18/09</u>            | <u>\$500.00</u>                          |
| Mailing Address <u>175 E. Capitol St.</u>  |  | <u>—/—/—</u>              | \$                                       |
| City, State, Zip Code <u>Jackson Ms. 39201</u>   |  | <u>—/—/—</u>              | \$                                       |
| Name of Employer (Required)  |  | <u>—/—/—</u>              | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | <u>\$500.00</u>                          |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>Check Into Cash Inc</u>   |  | <u>6/25/09</u>            | <u>\$500.00</u>                          |
| Mailing Address <u>P.O. Box 550</u>  |  | <u>—/—/—</u>              | \$                                       |
| City, State, Zip Code <u>Cleveland Tn. 37364</u>   |  | <u>—/—/—</u>              | \$                                       |
| Name of Employer (Required)  |  | <u>—/—/—</u>              | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | <u>\$500.00</u>                          |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>BNSF Railway Co.</u>  |  | <u>8/21/09</u>            | <u>\$250.00</u>                          |
| Mailing Address <u>2500 Loumark Dr.</u>  |  | <u>—/—/—</u>              | \$                                       |
| City, State, Zip Code <u>Ft Worth TX 76131</u>   |  | <u>—/—/—</u>              | \$                                       |
| Name of Employer (Required)  |  | <u>—/—/—</u>              | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | <u>\$250.00</u>                          |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>Grand Trunk Western Railroad Co.</u>  |  | <u>8/12/09</u>            | <u>\$250.00</u>                          |
| Mailing Address <u>2800 Linsia Suite 300</u>   |  | <u>—/—/—</u>              | \$                                       |
| City, State, Zip Code <u>Troy Michigan 48007</u>   |  | <u>—/—/—</u>              | \$                                       |
| Name of Employer (Required)  |  | <u>—/—/—</u>              | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | <u>\$250.00</u>                          |

Name of Candidate or Committee Terry Bran  
Reporting period Jan 1-09 through Dec 31-09

# ITEMIZED RECEIPTS

|  |  |                           |  |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>Weyerhaeuser</u>  |  | <u>12/10/09</u>           | <u>\$ 500.</u>                           |
| Mailing Address <u>PO Box 9769</u>   |  | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code <u>Federal Way WA 98063</u>  |  | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) _____  |  | <u>   /   /   </u>        | \$                                       |
| Occupation (Required) _____  |  | Aggregate<br>year-to-date | <u>\$ 500.</u>                           |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>Ms Power Company PAE</u>  |  | <u>12/15/09</u>           | <u>\$ 250.</u>                           |
| Mailing Address <u>PO Box 4079</u>   |  | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code <u>Gulfport MS 39502</u>   |  | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) _____  |  | <u>   /   /   </u>        | \$                                       |
| Occupation (Required) _____  |  | Aggregate<br>year-to-date | <u>\$ 250.</u>                           |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>Pharma Res. &amp; Mfg. of America</u>   |  | <u>12/10/09</u>           | <u>\$ 500.</u>                           |
| Mailing Address <u>950 E. ST. NW</u>   |  | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code <u>Washington DC. 20004</u>  |  | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) _____  |  | <u>   /   /   </u>        | \$                                       |
| Occupation (Required) _____  |  | Aggregate<br>year-to-date | <u>\$ 500.</u>                           |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name _____  |  | <u>   /   /   </u>        | \$                                       |
| Mailing Address _____  |  | <u>   /   /   </u>        | \$                                       |
| City, State, Zip Code _____  |  | <u>   /   /   </u>        | \$                                       |
| Name of Employer (Required) _____  |  | <u>   /   /   </u>        | \$                                       |
| Occupation (Required) _____  |  | Aggregate<br>year-to-date | \$                                       |

Name of Candidate or Committee

TERRY, W. Brown

Page 1 of 1

Reporting period

Jan 1 - 09

through

Dec 31 - 09

## ITEMIZED DISBURSEMENTS

|                                    |                                    |                           |  |
|------------------------------------|------------------------------------|---------------------------|--|
| A. Full name                       | San Terry Brown                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 22 Hillside Dr.                    | ___/___/___               | \$   |
| City, State, Zip Code              | Columbus, MS 39102                 | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) | Office Supplies Office Expense     | Aggregate<br>Year-to-date | \$2891.09                                  |
| B. Full name                       | San Terry W. Brown                 | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 22 Hillside Dr.                    | ___/___/___               | \$   |
| City, State, Zip Code              | Columbus, MS 39102                 | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) | Debit Card Mailbox                 | Aggregate<br>Year-to-date | \$2159.80                                  |
| C. Full name                       | San Terry W. Brown                 | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | 22 Hillside Dr.                    | ___/___/___               | \$   |
| City, State, Zip Code              | Columbus, MS 39102                 | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) | Donations & Social Grant. Paid For | Aggregate<br>Year-to-date | \$4691.00                                  |
| D. Full name                       |                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                    | ___/___/___               | \$   |
| City, State, Zip Code              |                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) |                                    | Aggregate<br>Year-to-date | \$   |
| E. Full name                       |                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                    | ___/___/___               | \$   |
| City, State, Zip Code              |                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) |                                    | Aggregate<br>Year-to-date | \$   |
| F. Full name                       |                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                    | ___/___/___               | \$   |
| City, State, Zip Code              |                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional) |                                    | Aggregate<br>Year-to-date | \$   |